

# UHC Provider Nomination Form

Nominate a Physician to join the  
UnitedHealthcare Medical Plan Network.

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If your provider is not already participating with UnitedHealthcare and you would like us to contact your physician's office to see if they will join our network, please complete the following information:

**Physician Name\*:** \_\_\_\_\_

**Address\*:** \_\_\_\_\_

**City\*:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Physician Phone Number\*:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Your Phone Number:** \_\_\_\_\_

\*Required fields

Once you have completed this form, please fax it to \*\*\*\*\* at \*\*\*\*\* . One of our contract specialists will contact the office to see if they would like to become a participating provider.

Please allow 90 days for recruitment efforts to be completed. To check the status of your nominated physician or to receive an updated listing of participating providers at any time, please visit our website at [www.myuhc.com](http://www.myuhc.com).